



Authorization for Credit Card

Payment for Permit Fees

Visa or Mastercard ONLY

Date: _____

1. Contractor's Name _____
2. Account # _____
3. Expiration Date: _____ ☐ Visa ☐ MasterCard
4. Authorized Charge Amount \$ _____
5. Card Holder's Name (please print) _____
6. Circle one: E-mailed Mailed Faxed
7. Permit for: Building Plumbing Mechanical Electrical Gas
 Re-inspection
 Other _____

Note: A complete permit application and any other supporting documents, as required, must accompany this form. Incomplete submittals will NOT be processed. Permits are processed in the order received. Phone access codes will NOT be given over the phone.

8. Permit's address(es) _____

9. Signature of Card Holder _____

OFFICE USE ONLY:

Office Personnel Processor: _____

Development Services Center
810 Union Street, 4th Floor, Norfolk, Virginia 23510
(757) 664-6565; (757) 664-6586 (fax)